

REPORT - HIPAA 276 to MMIS

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
Health Care Claim Status Request									
2000A	HL	Information Source Level		R					
2100A	NM1	Payer Name		R					
2000B	HL	Information Receiver Level		R					
2100B	NM1	Information Receiver Name		R					
2100B	NM103	Information Receiver Last or Organization Name	AN35	R				store & send back in 277 NM103	Match Back
2100B	NM109	Information Receiver Identification Number	AN80	R				NPI: send to MMIS as requestor's ID	Match Back
2000C	HL	Service Provider Level		R					
2100C	NM1	Provider Name		R					
2000D	HL	Subscriber Level		R				If both 2000D-Subscriber and 2000E-Dependent are present, Dependent is recipient	Translation
2100D	NM1	Subscriber Name		R					
2200D	TRN	Claim Submitter Trace Number		R					
2200D	TRN02	Trace Number	AN30	R				send this trace # (or the one in loop 2200E) to MMIS to trace this request. If present, it must be returned in the 277	Match Back
2210D	SVC	Service Line Information		S				Do we support status requests for a specific service or just claim level?	Policy Issues

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2210D	SVC01	Product or Service ID Qualifier	ID2	R				store & send back in 277 SVC01-1	Match Back
2210D	SVC07	Original Units of Service Count	R15	S				need to store original units of service	Match Back
2210D	REF02	Line Item Control Number	AN30	R				store and send back in 277	Match Back
2000E	HL	Dependent Level		S				If the subscriber is NOT the patient, use this dependent loop instead of the subscriber loop. Use all the same comments and fields as subscriber loop above.	Translation
2100E	NM1	Dependent Name		R					
2200E	TRN	Claim Submitter Trace Number		R					
2210E	SVC	Service Line Information		S					

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Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)